



# Application Civil Commitment Case Manager

COUNCIL ON SEX OFFENDER TREATMENT  
Texas Department of Health  
Professional Licensing & Certification Division  
1100 West 49th Street  
Austin, Texas 78756-3183  
(512) 834-4530  
(512) 834-4511(fax)

**Please Print or Type**

## Applicant Profile Data

**Do Not Write  
in This Space**

**BUDGET 5B503**

**FUND # 00001**

**Name**

(Last)

(First)

(Middle)

**Mailing  
Address**

(Street & Number)

(Apartment Number)

(City)

(State)

(Zip Code)

**Business  
Address**

(Street & Number)

(Suite Number)

(City)

(State)

(Zip Code)

Have you ever changed your name through marriage or through action of a court, or have you ever been know by any other name?

\_\_\_\_\_ Yes (If yes, list) \_\_\_\_\_ No

**Social Security Number**

- -

**Gender**

**Name(s)**

**Date(s)  
of  
Change**

**Copy of the legal document accomplishing  
name change**

**Date of Birth**

/ /

**Home Telephone**

( ) -

**Business Telephone**

( ) -

**Other License(s)/Certification(s) List the name of the  
Agency, the State where license/certification was  
issued, and the license/certification.**

**State**

**Lic#**

**Fax Number**

( ) -

**E-Mail Address**

**Liability Auto Insurance.**  
You must ENCLOSE a copy of your insurance card

**Highest Level of Education**

**Policy #**

**School of Highest Level of Education**

1) How many years of experience do you have in the sex offender field as a therapist or supervision officer?\_\_\_\_\_

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2) How many years of professional paid experience do you have supervising sexual assault perpetrators or violent offenders?\_\_\_\_\_

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3) List specific training received in the last 3 years regarding sex offenders and survivors of sexual assault.

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4) How many years of experience do you have in conducting staff training, including on-the-job training, for supervised living staff?

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5) What is your knowledge base about the process of sexual violence, sexual assault cycles and behavioral profiling? \_\_\_\_\_

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6) How do you monitor sex offender clients for signs of trouble or for potential problems to ensure community safety? \_\_\_\_\_

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7a) What has been your worst experience in supervising a sex offender? \_\_\_\_\_

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7b) What has been your best experience in supervising a sex offender? \_\_\_\_\_

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8) How would you approach a judge if you had a serious problem with an offender? \_\_\_\_\_

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9) How would you interact with the offender's family support system? \_\_\_\_\_

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10) Have you had any experience working with a sex offender client who was a psychopath, and/or a mentally retarded client, and/or a female? If so, what do you do differently in each case? \_\_\_\_\_

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11) What do you want your working relationship to be like between you and the treatment contractor, the Department of Public Safety Officer, and the housing monitor? (Each of these members is a part of the Interagency Case Management Team). \_\_\_\_\_

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12) How will you address negative community reaction? \_\_\_\_\_

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**13) How will you respond to the offender's failure to comply with the supervision guidelines?**

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**14a) How will you manage your full-time position responsibilities and this part-time case manager position?**

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**14b) How are you going to keep the responsibilities of each job separate?**

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**15) What particular difficulties do you foresee in managing a sexually violent predator (SVP)?**

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**16) How do you envision yourself enforcing policy and rules for SVPs?**

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**17) Why are you motivated to take this position?**\_\_\_\_\_

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**18a) How do you resolve a disagreement with a probation/parole officer or a judge over your treatment plan for a sex offender?** \_\_\_\_\_

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**18b) Has a disagreement over your sex offender treatment plan ever occurred with a judge or probation/parole officer?**\_\_\_\_\_

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**18c) How did you resolve the disagreement?** \_\_\_\_\_

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**19) How do you deal with a client who is resistant to therapy?** \_\_\_\_\_

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20) To whom would you refer your client for a plethysmograph? \_\_\_\_\_

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21) Do you have a computer with a Pentium processor with windows 98 and a modem?

(Circle One)      Yes      No

22) Do you have a pager?

(Circle One)      Yes      No

23) This position requires availability 24 hours a day. Would you be available?

(Circle One)      Yes      No

24) Have you been convicted of any criminal offense? (Circle One)      Yes      No

If yes, please explain and provide a certified copy of the official judgment and disposition, including dates, charges, city, and any other pertinent information concerning the offense(s).

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25) Have you received deferred adjudication for a sex offense? (Circle One)      Yes      No

If yes, please explain and provide a certified copy of the official judgment and disposition, including dates, charges, city, and any other pertinent information concerning the offense(s).

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Please note additional sheets may be attached.

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- 26) Have you ever been found guilty of unprofessional or unethical conduct in a civil or administrative law proceeding? (Circle One) Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 27) A background check will be conducted on all applicants. Please complete the attached cards and forms. (Circle One) Completed Yes No

### AFFIDAVIT

I attest that I understand and meet all the requirements to provide sex offender case management supervision. Further, I understand that it is a violation of the Texas Penal Code. Sec. 37.10 to submit a false statement to a government agency. I understand and agree to follow all recommendations, guidelines and policies set forth by the Council.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

Sworn and subscribed to before me, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

NOTARY SEAL

\_\_\_\_\_  
Notary Public in and for The State of Texas

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
My Commission Expires



**Applicant must provide three letters of reference with affidavits. One reference must be from a former supervisor and two must be from professionals outside of the applicant's field in the area of sex offender management and/or supervision.**



**Letter of Reference  
&  
Affidavit for a  
Civil Commitment Case Manager**

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I understand that \_\_\_\_\_ has applied with the Council on Sex Offender Treatment to provide case management supervision to sexually violent predators who have been civilly committed. He/She has requested that I provide an affidavit regarding the applicant's professionally paid experience supervising sexual assault perpetrators or violent offenders.

**pp I certify that the answers and statements provided below are TRUE &  
COMPLETE, pp  
to the best of my knowledge.**

**My Name is** \_\_\_\_\_

**Address** \_\_\_\_\_ **Daytime Phone Number** \_\_\_\_\_

**My Occupation is** \_\_\_\_\_

**I have been personally acquainted with the applicant for** \_\_\_\_\_ **years.**

**Have you ever supervised the applicant?**    ☐ Yes    ☐ No

If \_\_\_\_\_ Yes, \_\_\_\_\_ during \_\_\_\_\_ what \_\_\_\_\_ period?

What was the applicant's case load and type of case load? \_\_\_\_\_

Why \_\_\_\_\_ did \_\_\_\_\_ the \_\_\_\_\_ applicant \_\_\_\_\_ leave \_\_\_\_\_ your \_\_\_\_\_ supervision?

**To the best of your knowledge, has the applicant ever:**

- |    |   |                           |                          |
|----|---|---------------------------|--------------------------|
| a. | been charged or convicted of a felony?  | <input type="radio"/> Yes | <input type="radio"/> No |
| b. | been accused, investigated, and/or involved in unprofessional or unethical conduct? | <input type="radio"/> Yes | <input type="radio"/> No |
| c. | been denied membership in, or terminated from, a professional organization?         | <input type="radio"/> Yes | <input type="radio"/> No |

violent offenders.

**THE STATE OF TEXAS**

**COUNTY** \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_,  
who being duly sworn, deposed as follows:

My name is \_\_\_\_\_. I am over \_\_\_\_\_ years of age, capable of making this affidavit  
and personally knowledgeable of the facts stated in it.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Further, affiant sayeth not.

\_\_\_\_\_  
Affiant

SUBSCRIBED AND SWORN TO before me by the said \_\_\_\_\_ on this the \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_, to certify which witness my hand and seal of office.

NOTARY SEAL

\_\_\_\_\_  
Notary Public in and for The State of Texas

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
My Commission Expires

## Texas Department of Health Child Support Certification

The Texas Family Code, §231.006, places certain restrictions on child support obligors. Contractors with governmental entities or nonprofit corporations are not subject to §231.006.

The contractor identified below is not a governmental entity or a nonprofit corporation and certifies to the following:

1.     The contractor is: (check one)
 

An individual or sole proprietor, or  
 A business entity (corporation, partnership, joint  
 venture, limited liability company, association, etc.)
  
2.     The contractor certifies that the following is a complete list of the names and Social Security numbers of either (a) the individual or sole proprietor who is the contractor or (b) each partner, shareholder, or owner with an ownership interest of at least 25 percent of the contractor/business entity (attach additional sheet if necessary):
 

(A)   Printed Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

(B)   Printed Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_
  
3.     Under the Texas Family Code, §231.006, the contractor certifies that the individual or business entity named in this contract, bid, or application is eligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment may be withheld if this certification is inaccurate. A child support obligor who is more than 30 days delinquent in paying child support or a business entity in which the obligor (who is more than 30 days delinquent) is the sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25 percent is not eligible to receive the specified grant, loan or payment. The contractor understands that it is the contractor's responsibility to verify whether a child support obligor who is more than 30 days delinquent is the sole proprietor, partner, shareholder or owner with an ownership interest of at least 25 percent.
  
4.     Printed Name of Contractor: \_\_\_\_\_
  
- Printed Name of Authorized Representative  
 Signing this Certification: \_\_\_\_\_
  
- Signature of Authorized Representative: \_\_\_\_\_
  
- Date: \_\_\_\_\_